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CONFIRMATION NO. 9463

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/646,268	08/22/2003	514	1644	1094-1-028DIV

APPLICANTS

Mark Marchionni, Arlington, MA;
 Ralph Kelly, Chestnut Hill, MA;
 Beverly Lorell, Needham, MA;
 Douglas B. Sawyer, Brookline, MA;

**** CONTINUING DATA *******

This application is a DIV of 09/298,121 04/23/1999 PAT 6,635,249

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
 01/21/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MA	12	16	1

ADDRESS

KLAUBER & JACKSON
 411 HACKENSACK AVENUE
 HACKENSACK, NJ 07601

TITLE

Methods for treating congestive heart failure

FILING FEE RECEIVED 375	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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